

SAN DIEGO COUNTY.

P. A. Surgeon V. G. Clark, of the Navy, after several months of transport duty is home on leave recuperating. We join with Uncle Sam in hoping that he will shortly be quite fit again.

Dr. A. M. Lesem has succeeded to the superintendency of the Mission Valley Hospital, vice Dr. Joseph Weinberger, resigned.

Major H. Clifford Loos, M. R. C., is now on duty at Camp Kearney after a year's service at posts farther east. His many friends in the southern part of the state will be glad to greet him at the Base Hospital.

San Diego's new Tuberculosis Hospital is now giving service and every bed is filled. It will distinctly enlarge its usefulness to build an out-of-door camp, with funds recently bequeathed to the country for this purpose by private estate.

Dr. O. G. Wicherski is at present convalescing at St. Joseph's Hospital after recently parting with his appendix.

The San Diego County Society resumes its regular semi-monthly meetings Tuesday, September 10th, when it will be addressed by Major Harry M. Sherman, M. R. C., now stationed at Ft. Rosecrans. His subject will be the open-air treatment of surgical wounds. The second meeting of September will be given over to a further discussion of the proposed compulsory Health Insurance Act.

It is with deep regret that we chronicle the recent untimely death of Major William R. Ream, M. R. C., who came to his death while the machine in which he was making observations attempted to alight in a blinding rain storm somewhere in Illinois. Major Ream was one of the few medical men who have as yet qualified as aviators. He was deeply interested in the scientific side of aviation and its demand for certain physical qualifications necessary to its most effective performance. Our Society poet releases the following tribute to the memory of our departed brother:

O Soul Sublime, Brother Physician of Mine;
'T was not yours to only creep, content,
With feet on earth and duty in the skies;
Nor deterred you, the dangers to him that flies.
You, no earth bond could hold,
None other commanded; your only desire,
To be nearest where duty lies
And tend the hurt of your fold.

* * * * *

O Soul Sublime!
May I, like him, learn to fly
And if need be, die, to be near my goal.

H. F. A.

SAN FRANCISCO COUNTY.

During the month of August, 1918, the following meetings were held:

Tuesday, August 13th—General Meeting.

1. Some of the everyday problems of difficult labor. L. I. Breitstein.
2. Newer colloid-chemical studies and medicine. Martin Fischer.

Tuesday, August 20th—Section on Surgery.

1. A form of osteitis deformans simulating syphilis of the bones. S. H. Hurwitz.
2. Posterior dislocation of the inferior maxilla. Sol. Hyman.

Tuesday, August 27th—Section on Eye, Ear, Nose and Throat.

1. Presentation of pictures illustrating operative interference for paralytic strabismus. Hans Barkan.
2. Ocular complications of dengue with report of two cases. Hans Barkan.
3. Sociological and operative treatment of strabismus. Walter Scott Franklin.

TULARE COUNTY.

The regular meeting of the Tulare County Medical Society was held at the City Hall, Visalia, September 4th. A fair attendance listened with great interest to an exposition of the proposed Health Insurance measures to be recommended by the Commission to the next legislature in case the enabling amendment is carried at the fall election.

The Commission has gone into the fundamental questions of sickness as a cause of pauperism and deadbeatism exhaustively and believe that in this measure they will find a cure for more than 60 per cent, and medical experience justifies their conclusions. Details regarding the application of the cure necessarily will need further discussion and the thoughtful consideration of the medical profession.

The bi-county Tuberculosis Sanitarium at Springville is nearing completion.

Plans for a modern, strictly medical County Hospital at Visalia are being considered.

Drs. Chisholm and Fuller of Tulare and Todd of Porterville have entered U. S. service.

Social Insurance

Frequent reference has been made in the JOURNAL to Compulsory Social Insurance, and the advocates of this measure have been given such free opportunity to place affirmative arguments before our readers that we know all will be interested in reading the other side.

The League for the Conservation of Public Health has just issued a folder headed "IT SHALL NOT PASS"—that ably covers the chief points of controversy.

We herewith present it in full.

IT SHALL NOT PASS.

Shall California be the first State to pass Compulsory Health Insurance? On November 5, 1918, this question will confront you on the ballot as No. 20.

Under an attractive disguise, No. 20, Compulsory Social Health Insurance, is trying to gain admittance to its first American State. It has not the American password. It can not pass muster. It is un-American, undemocratic, unwholesome, unnecessary, unsound, unfair class legislation. It shall not pass. Vote no on No. 20.

1. What is Compulsory Social Health Insurance?

It is a dangerous device, invented in Germany, announced by the German Emperor from the throne the same year he started plotting and preparing to conquer the world.

The proposed law, under humanitarian disguise, would give a Social Insurance Commission arbitrary powers in California and make it superior to and not accountable to courts, executive or people.

2. Why does the Social Insurance Commission, despite persistent requests, refuse to tell the people of California before election, the details of the Compulsory Bill they propose to inflict on the taxpayers of our State?

Because the vast expenditure and the unlimited power of the elaborate political machinery necessary to operate this special class legislation would alarm the people.

3. Has Compulsory Health Insurance been investigated and adopted by any other American State?

Compulsory Health Insurance has been investigated by a number of States. All have refused it admittance as an alien to our shores and an enemy

to our free institutions. New York twice rejected this Compulsory Health Insurance device. The New Jersey Legislature also refused to adopt it, and Massachusetts, after a thorough investigation by two commissions, and with all the alleged facts procured by the Social Insurance Commission of California before it, recently rejected Compulsory Social Insurance in its Constitutional Convention by an overwhelming vote.

4. Are the statements, spread broadcast by the Social Insurance Commission, that sickness and destitution in California are increasing at an alarming rate, TRUE?

Such statements are deplorable and damaging—but not true. California is recognized as the Nation's health resort. Reckless statements to the contrary, based upon partial data, can only have the pernicious effect of reducing our valuable tourist trade.

Reliable statistics show that the average wage-earner in California loses but six days per year from sickness, in splendid contrast to the usual loss of nine days per year in other States. Climatic conditions, working conditions, housing conditions and general living conditions are also superior in California.

5. What will Social Health Insurance do to the working men of California?

It will form the precedent for Compulsory class distinction that will readily be followed by more obnoxious class regulations. In Compulsory Health Insurance we find reflected the sinister purpose of autocracy to establish a dependent class, and make that class dependent upon the arbitrary and compulsory rules of a governing class.

6. Was Compulsory Social Health Insurance proposed by Labor?

Certainly not. It was proposed and imposed upon the wage-earners of Germany by their imperial rulers.

Compulsory Social Insurance does not remotely deal with the equities of labor and wages. It specifically establishes a dependent class of wage-earners and offers to this dependent class poor relief instead of an increase in wages.

Mr. Samuel Gompers, President of the American Federation of Labor, expresses the attitude of those whom he represents as follows:

"The efforts of trade organizations are directed at fundamental things; they endeavor to secure to all workers a living wage that will enable them to have sanitary homes, conditions of living that are conducive to good health, adequate clothing, nourishing food and other things that are essential to the maintenance of good health.

"In attacking the health problem from the preventive and constructive side, they are doing infinitely more than any Health Insurance could do, which provides only for relief in case of sickness, and yet the Compulsory law would undermine the trade union activity."

7. Will Compulsory Social Health Insurance impose an extra and heavier burden upon the taxpayers of California for the "good" of their health?

Yes. The enormous size of this "Compulsory Health Burden" is too heavy for the present treasury of the State to carry. The present total revenue of California is approximately \$25,000,000. It would require twice this amount, about \$50,000,000, to pay cash benefits, give medical, hospital, dental, special tuberculosis sanatorium benefits, etc., to a special limited class of wage-earners and their dependents—and to pay the operators of this Compulsory tax-eating machine.

8. Why is Compulsory Health Insurance called un-American?

Because it retains the characteristics of the land of its origin; it is fitted only to a paternal form of government, where there is discrimination against the dependent classes, and the governing class dominates through class legislation; it is an

arbitrary system of taxation hostile to American principles.

9. Will Compulsory Health Insurance prevent those afflicted with tuberculosis, syphilis, and other chronic diseases, who now reside in various States, from flocking to California to participate in the benefits of this system?

No. As "there will be no medical examination prior to insurance" (according to our Social Insurance Commission) the people of the State can expect all the chronic sufferers, capable of working some part of the time, to take up their residences here as soon as the bars are lowered by Compulsory Health Insurance.

10. Will Compulsory Health Insurance preserve the existing sacred, confidential relations between the physician and his patients?

No. All the ailments, sickness or deformities of the wage-earner or his family will necessarily become part of the public records.

11. Will Compulsory Health Insurance, under the proposed amendment, preserve the inalienable rights and individual liberties of the citizens of this State?

No. The Compulsory Health Commission provided for, holding all power—legislative, executive and judicial—will make you do what "panel" or State doctors decide you ought to do for the general health.

12. Is Compulsory Social Health Insurance an essential war activity?

It may be in its Vaterland, but not in America. All our time, talent and treasure must be exclusively devoted to winning the war. The increasing demands of our boys and Allies, who are fighting the battle of democracy, make the practice of public and personal thrift our patriotic duty, and any indulgence in undemocratic expensive experiments must be checked.

13. What constructive policy for the Conservation of the Public Health do our foremost American health authorities advocate?

A policy devoted to all the people, not to special classes. A policy based upon scientific facts and not dependent upon foreign fads or fiction. **More than 60 per cent. of disease is preventable.**

The practical preventive policy produces permanent results for all. The impractical sickness relief policy of Compulsory Health Insurance would permanently burden the many for the temporary relief of the few.

14. Has this American policy for the Conservation of Public Health, which is so diametrically opposed to the foreign system of Compulsory Health Insurance, demonstrated its superior effectiveness?

Yes; decisively! In the titanic test of the world conflict, in the industrial fields, on land and sea, and in the air, American effectiveness is winning daily triumphs over so-called German efficiency.

15. What are we fighting for "Over There?"

We are fighting for our American birthright—principles of equality and personal freedom—inalienable rights, that we must not forfeit here for this mess of German pottage—Compulsory Social Health Insurance.

16. Is the enactment of Compulsory Health Insurance essential for the improvement of our Workmen's Compensation Laws?

No. Compulsory Health Insurance differs radically from the purposes of Compensation. Workmen's Compensation laws have now been enacted in thirty-seven States, three Territories and the Federal Government—Compulsory Health Insurance has been adopted by none, but uniformly rejected by each State that has considered it. Workmen's Compensation laws aim to provide reasonable indemnity for the loss resulting from personal accidents, which are recognized as inherent incidents and risks of industry. Injuries which occur out of and not in the course of employ-

ment are not included in Workmen's Compensation Laws. Injuries due to intoxication are not covered.

Compulsory Health Insurance, however, would not only award its benefits to the wayward worker who became ill though lax living, secret vices or intoxication, but even if his whole dependent family imitated his vicious example, all of his dependents would be included and given the same indulgent care. The sober taxpayers would pay the bill.

17. Can the Commission guarantee "specialist care" and free choice of Doctor to the individual worker?

No. The insured worker would be limited to the services of the "panel" physician he has selected. His choice would necessarily be further limited to those doctors who are anxious to join the State "panel" and have their compensation fixed by the commission. A system of optional choice, to be effective, would have to place all the doctors under compulsory control. Only that variety of "specialist" who solicits contract practice would care to give special care for \$1.00 per year. In England only the attendance of an "ordinary practitioner" is guaranteed.

18. Will the burden which sickness and disability now impose upon the Nation be relieved by Compulsory Health Insurance in California?

No. But California, instead of being the Nation's health resort, would quickly become a malingering resort for the Nation's sick. Sickness travels from State to State and its results are nation-wide. The question in its larger aspects is national and not local. To adopt a policy of Compulsory Health Insurance on partial data and "assumptions, arbitrary and crude," is dangerous. A comprehensive health survey by a National Health Commission pursuing a preventive, constructive program under the authority of the Federal Government, would economically, systematically and thoroughly deal with the problem of the Conservation of Public Health.

Statement issued by General W. C. Gorgas, Surgeon-General, U. S. A., September 15, 1918:

"The medicine of larger and higher scope is passing perceptibly out of the ordinary bedside phase of diagnosis and treatment to the state in which the little ounce of prevention is at last recognized as bettering the pound of cure."

LEAGUE FOR THE CONSERVATION OF PUBLIC HEALTH.
San Francisco.

Military News

A MESSAGE.

Each day every American soldier in France is confronted by a great duty. Our army there has a great task to perform for our country, for the world, for civilization, and for humanity. Our soldiers are doing their duty with a courage and fidelity and efficiency that thrill every heart.

Each day every American citizen at home is confronted by a great duty, a duty as imperative upon him or her as the duty of our soldiers is upon them. The American people have a great task to perform. It is to support to the limit of their ability our army, our navy, our country at war.

To work with increased energy and efficiency so that our national production may be increased; to economize in consumption so that more material and labor and transportation may be left free for the uses of the Government; and with the resultant savings to support the Government

financially is the daily duty of every American. It is a duty that will be met by every American whose heart is with our soldiers in France, who glories in their courage and fighting ability and their success.

DEATH RATE FROM DISEASE IN AMERICAN ARMIES.

A health rate, which as far as known has never been surpassed, has been established by the American armies both here and overseas. For the week ended July 26 the combined reports of the American Expeditionary Forces and of troops stationed in the United States show an annual death rate for disease of 1.9 per 1,000—less than 2 men per 1,000 per year. The annual death rate for disease of men of military age in civil life is 6.7 per 1,000.

This new rate is based on an approximate strength of 2,500,000 men, and includes men living under abnormal conditions. The overseas record was made while American soldiers were participating in the heavy fighting in the Marne salient, when they were frequently compelled to sleep and eat under the most primitive conditions.

That this record is truly representative of the general health of the troops is shown by the combined reports, which indicate the figure of 2.8 per 1,000 as the average death rate for disease during the past two months.

An idea of the progress being made in military sanitation is gained by a comparison with the following:

During the Mexican War the annual death rate for disease was 100 per 1,000. During our Civil War the rate in 1862 was 40 per 1,000, while during 1863 the rate jumped to 60 per 1,000. The disease death rate for the Spanish-American War was 25 per 1,000.

As far as available records show, the lowest figure heretofore recorded was 20 per 1,000 during the Russo-Japanese War.

Notices

COLLOQUIA.

Colloquia for physicians will be held at the San Francisco Hospital on Thursdays at 9 a. m., in the Surgical Amphitheater, on Surgery and the Surgical Specialties, and on Saturdays at 9 a. m. in the Medical Amphitheater, on Medicine and the Medical Specialties. All physicians who are interested are invited to attend.

The following are the lecturers for the month of October:

Surgery.

October 3—Dr. Emmet Rixford.
" 10—Dr. J. R. Dillon.
" 17—Dr. H. A. L. Ryfkogel.
" 24—Dr. Leonard W. Ely.
" 31—Dr. Leo Eloesser.

Medicine.

October 5—Dr. H. P. Hill.
" 12—Dr. W. F. Schaller.
" 19—Dr. H. H. Yerington.
" 26—Dr. H. E. Alderson.

Very truly yours,

W. OPHÜLS,

Dean, Stanford University Medical School.

NOTICE TO PHYSICIANS.

You are hereby warned against one "Dr. Mann," who upon September 23, 1918, called upon Dr. S. S. Bogle of Santa Rosa and Dr. Jas. W. Sewall of Healdsburg, collecting from each \$2.00 and offering his watch as security in both cases. He claims to